



GOBIERNO DE PUERTO RICO

Sistema de Retiro para Maestros

CERTIFICACIÓN

Certifico la siguiente información referente a la pensión de la **Prof. Miriam Sosa León**, con número de seguro social que termina en **3193**.

Fecha de Efectividad de la Pensión	29 de julio de 2010
Tiempo Cotizado para la Pensión	25 años, 6 mes, 3 sem, 0 días
Pensión Mensual Inicial	\$1,214.73
Pensión Mensual Actual	\$1,214.73

Esta certificación se expide hoy, 20 de febrero de 2020 en San Juan, Puerto Rico.


Cynthia Sanjurjo Santos
Supervisora
Centro de Contacto

sba

Claimant: <CLAIMANT NAME>

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk, LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☒ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

\$ 7,200.00

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de Educacion del E.L.A. de P.R.

3(b). Identify the dates of your employment related to your claim:

agosto - 1982 hasta 29 de julio 2010

3(c). Last four digits of your social security number:

3193

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☒ No.
- ☐ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

N/A

4(b). Identify the name and address of the court or agency where the action is pending:

N/A

4(c). Case number:

N/A

4(d). Title, Caption, or Name of Case:

N/A

4(e). Status of the case (pending, on appeal, or concluded):

N/A

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment?

N/A

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM BECAUSE THEIR RECORDS SHOW THAT YOUR CLAIM IS DEFICIENT.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Sosa Leon, Myriam	78868	6/13/2018	Commonwealth of Puerto Rico	\$0.00
Reason:	Proof of claim purports to assert liabilities associated with the Commonwealth of Puerto Rico, but fails to provide any basis or supporting documentation for asserting a claim against the Commonwealth of Puerto Rico, such that the Debtors are unable to determine whether claimant has a valid claim against the Commonwealth of Puerto Rico or any of the other Title III debtors			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO, PUESTO QUE LOS DATOS INDICAN QUE SU RECLAMO ES DEFICIENTE.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Sosa Leon, Myriam	78868	6/13/2018	Commonwealth of Puerto Rico	\$0.00
Base para:	La evidencia de reclamación tiene la intención de formular las responsabilidades asociadas con el Estado Libre Asociado de Puerto Rico, pero no proporciona los fundamentos ni la documentación de respaldo para formular una reclamación contra el Estado Libre Asociado de Puerto Rico, de manera que los Deudores no pueden determinar si el reclamante tiene una reclamación válida contra el Estado Libre Asociado de Puerto Rico o cualquiera de los otros deudores en virtud del Título III.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).